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TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and  
Effective 1-1-65

Operator  
**SUPRON ENERGY CORPORATION**  
Address  
**P.O. Box 808, Farmington, New Mexico 87401**

Reason(s) for filing (Check proper box) Other (Please explain)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Nordhaus</b>	Well No. <b>2-A</b>	Pool Name, Including Formation <b>Blanco Mesaverde</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>SF 0785</b>
Location Unit Letter <b>C</b> ; <b>910</b> Feet From The <b>North</b> Line and <b>1625</b> Feet From The <b>West</b> Line of Section <b>11</b> Township <b>31 North</b> Range <b>9 West</b> , NMPM, <b>San Juan</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>Plateau, Inc.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 108, Farmington, New Mexico 87401</b>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Southern Union Gathering Company</b>	Address (Give address to which approved copy of this form is to be sent) <b>First International Bldg. - Dallas, Texas</b> <b>Attention: Mr. R.J. McCrary</b>			
If well produces oil or liquids, give location of tanks.	Unit <b>C</b>	Sec. <b>11</b>	Twp. <b>31N</b>	Pge. <b>9W</b>
Is gas actually connected?			When	
<b>No</b>			<b>-----</b>	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't.	Diff. Res.
		<b>XX</b>	<b>XX</b>					
Date Spudded <b>5-11-80</b>	Date Compl. Ready to Prod. <b>9-18-80</b>		Total Depth <b>8160</b>		P.B.T.D. <b>8145</b>			
Elevations (DF, RKB, RT, GR, etc.) <b>6553 R.K.B.</b>	Name of Producing Formation <b>Mesaverde</b>		Top Oil/Gas Pay <b>5351</b>		Tubing Depth <b>5794</b>			
Perforations <b>5351 - 5799</b>				Depth Casing Shoe <b>8160</b>				

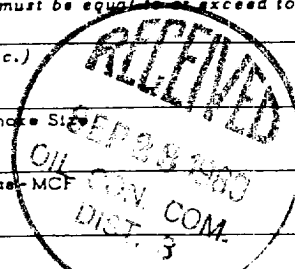
TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
<b>13-3/4"</b>	<b>10-3/4", 32.75#</b>	<b>282</b>	<b>180</b>
<b>9-7/8"</b>	<b>7-5/8", 26.40#</b>	<b>3655</b>	<b>350</b>
<b>6-3/4"</b>	<b>5-1/2", 15.50#</b>	<b>3583 - 8160</b>	<b>500</b>

V. TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top all  
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF



GAS WELL

Actual Prod. Test-MCF/D <b>1662</b>	Length of Test <b>3 hours</b>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <b>Back Pressure</b>	Tubing Pressure (Shut-in) <b>722</b>	Casing Pressure (Shut-in) <b>720</b>	Choke Size <b>3/4"</b>

I. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation  
Commission have been complied with and that the information given  
above is true and complete to the best of my knowledge and belief.

**Kenneth E. Roddy**

(Signature)

**Production Superintendent**

(Title)

**September 22, 1980**

(Date)

OIL CONSERVATION COMMISSION

**OCT 16 1980**

APPROVED \_\_\_\_\_, 19

Original Signed by **CHARLES GHOLSON**

BY \_\_\_\_\_

TITLE **DEPUTY OIL & GAS INSPECTOR, DIST. #3**

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened  
well, this form must be accompanied by a tabulation of the deviated  
tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allo  
able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own  
well name or number, or transporter, or other such change of conditio

Separate Forms C-104 must be filed for each pool in multip  
completed wells.